



Washington State
Department of Health
Board of Osteopathic Medicine and Surgery
Meeting Minutes
August 4, 2006

The meeting of the Washington State Board of Osteopathic Medicine and Surgery was called to order by Daniel Dugaw, DO, Chair, at 9:05 a.m. The meeting was held at: St. Francis Hospital, 34515 9th Avenue South, Board Room, Federal Way, Washington 98003.

Board Members Present: Daniel Dugaw, DO, Chair
Thomas Shelton, DO
William Gant, Public Member
Thomas Bell, DO
Catherine Hunter, DO

Staff Present: Melissa Burke-Cain, Assistant Attorney General
Arlene Robertson, Program Manager
Maryella Jansen, Deputy Executive Director
Judy Young, Staff Attorney
Joanne Minor, Staff Attorney

Guests: LaVonda McCandless, RN, Labor and Industries
Andy Mecca, Pharmacy Consultant, Board of Pharmacy
Drew Garcia, PA, WAPA Liaison

Open Session

1. Call to Order
 - 1.1 Approval of Agenda
The agenda was approved as published.
 - 1.2 Approval of Minutes
 - 1.2.1 March 31, 2006 meeting minutes
The March 31, 2006 meeting minutes were approved as written.

1.2.2 May 19, 2006 conference call minutes
The May 19, 2006 conference call minutes were approved.

1.2.3 May 24, 2006 conference call minutes
The May 24, 2006 conference call minutes were approved.

1.2.3 June 15, 2006 conference call minutes
The June 15, 2006 conference call minutes were approved.

1.2.4 June 28, 2006 conference call minutes
The June 28, 2006 conference call minutes were approved.

1.2.5 July 6, 2006 conference call minutes
The July 6, 2006 conference call minutes were approved.

2. 10:00 a.m. - Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain - Presentation by LaVonda McCandless

ISSUE

LaVonda McCandless, RN, Occupational Nurse Consultant, Labor and Industries, provided background information regarding the interagency workgroup and other participants who are working on the Guideline on Opioid Dosing for Chronic Non-cancer Pain. Andy Mecca, Pharmacy Consultant, Board of Pharmacy, also indicated that the Board of Pharmacy had been involved in development of the guidelines. New research suggests that higher doses of opioids may: (a) heighten the risk of accidental death; and (b) have the inadvertent effect of producing abnormal pain sensitivity.

The guidelines are intended to provide clear, easy-to-use guidelines that will assist practitioners in prescribing opioids in a safe and effective manner; raise awareness of the risks and possible ineffectiveness of high doses; provide strategies for weaning patients from opioids or from unsafe doses; and to provide strategies for supporting patients through the process. This draft is the first part of the guidelines. An additional portion will address strategies to use when opioids are not working for a patient. When the guidelines are adopted by the participating agencies, it is intended that physicians treating patients under state programs will follow the guidelines.

ACTION

The Board expressed concerns about setting specific dosage limits. This will encumber or limit treatment of patients. The pain and tolerance levels are different in each patient. It was noted that pain specialists are not available to consult in a timely manner or at all. Very few physicians are available to manage pain patients so it is often difficult to get additional assistance for opioid management. It was the Board's observation that guidelines always seem to end up being put into rules rather than remaining as guidelines.

3. Disciplinary Issues

3.1 Proposed Uniform Disciplinary Act Changes Request Legislation - Cathy Hunter, DO, report from July 25, 2006 conference call

Dr. Hunter reported on participation in the July 25th conference call to discuss several proposals being considered to improve the Uniform Disciplinary Act (UDA). The proposals would address denial of applications for licensure, grant the disciplining authority the ability to permanently revoke a license in cases of the most egregious offenses, authorize disciplining authorities to assess fines against practitioners who do not produce documents, including patient records, within a proposed statutory time limit. After concerns had been addressed, Dr. Hunter indicated it appeared the proposals would assist the disciplining authorities to do a better job.

3.2 Implementation of HB 2974 2006 Legislation pertaining to mandatory reports, mandatory denial or suspension, impacts on investigations - Lead: Melissa Burke-Cain, AAG 3.2.1 Procedure: Mandatory Summary Actions

Melissa Burke-Cain, AAG, provided information on recent Legislation, HB 2974, which provides for mandatory denial of an application or summary suspension of a license if the individual has been barred from practicing by another state and the conduct is substantially equivalent to Washington unprofessional conduct standards. The action stays in effect until proceedings are finalized before the Washington disciplining authority. Since it is now mandatory that these types of reports be investigated, boards/commissions do not have to authorize the investigations.

Ms. Burke-Cain indicated the law also provides that prior complaints must be considered when deciding whether or not to investigate a new complaint. The law also requires the Secretary to adopt rules, in consultation with boards and commissions requiring license holders to report certain activities. The rule-making process is in its initial stages and will include reporting of convictions, determinations or findings of unprofessional conduct or information that the license holder may be unable to practice due to a physical or mental condition, and self-reporting any disqualification from participation in federal Medicare or Medicaid programs.

4. Rules

4.1 CE requirements AOA CME Certificate of Excellence

4.1.1 Correspondence from Kathie Itter, Executive Director, Washington Osteopathic Medical Association

ISSUE

Ms. Itter requested clarification whether the CME Certification of Excellence adopted by the AOA would be equivalent to the continuing education requirements for licensure. The CME Certification of Excellence is obtained by having 150 or more AOA approved credits in a three-year CME cycle, with a minimum of 30 Category 1-A credits.

ACTION

The Board determined the hours obtained to earn the CE Certification of Excellence would not be sufficient to meet the current CE requirements for licensure.

4.2 CE Consistent Categories - Rules compared with AOA categories.

4.2.1 WAC 246-853-060, 070, 080, 090

4.2.2 DO-Online CME Guide

ISSUE

The current CE rules and the AOA categories have significant differences in several categories. Since the Board approved changing the certification of compliance from the AOA, Ms. Robertson indicated it would be helpful to also change the categories to be consistent with the AOA categories. It would be easier for licensees and staff, when reviewing documents to verify compliance, to determine which category to apply the course credits.

ACTION

The Board determined to make no changes to the continuing education categories.

4.3 Sexual Misconduct - Work Session

- 4.3.1 Draft language approved at March 31, 2006 meeting
- 4.3.2 Standards of Professional Conduct - Proposed rules for Secretary authority professions

ISSUE

The final draft of the sexual misconduct rules and the proposed sexual misconduct rules for Secretary authority professions were provided for comparison. The Board was requested to review the Secretary's rules before making a decision on filing its rules.

ACTION

The Board discussed the primary differences, including the length of time any involvement with a former patient could occur. The Board noted that broader language would permit more alternatives when making an evaluation of these types of cases. The Board determined to remain with the current draft of the rules it had previously approved.

4.4 Review draft language pertaining to the proposed physician assistant rules

- 4.4.1 WAC 246-854-030 Osteopathic physician assistant prescriptions
- 4.4.2 WAC 246-854-020 Osteopathic physician assistant program; WAC 246-854-080 Osteopathic physician assistant licensure; WAC 246-854-090 Osteopathic physician assistant practice plan

ISSUE

The osteopathic physician assistant rules were presented in a new format by subject matter. DOH rules staff recommended the rules would be easier to read and more in-line with the plain language standard in the new format. The rules have been revised into categories, i.e., education and training, utilization and supervision, remote practice site utilization, scope of practice, application qualifications and requirements, and interim permit qualifications and requirements. The revisions do not change any of the requirements or proposed changes.

ACTION

The Board accepted the revisions as proposed. The rules will be filed using the new format.

4.5 Standards for Use of Laser, light, radiofrequency and plasma devices

- 4.5.1 Proposed rules by the Medical Quality Assurance Commission for physicians and physician assistants

ISSUE

The Board reviewed the laser rules proposed by the Medical Quality Assurance Commission.

ACTION

There was no action necessary at this time. The Board will monitor the results of the Commission's rules hearing and make a decision at a later time if it should have similar rules that would apply to its practitioners.

5. Practice Issues

- 5.1 Discuss patient safety initiatives being pursued by the Department of Health. (Standing Agenda Item)

There were no new issues to be discussed at this time.

6. General Correspondence

- 6.1 Physicians Insurance RE: Important jury verdict

The Board reviewed the information provided relative to the jury verdict to Kadlec Hospital's suit which had alleged failure of another hospital to advise them of a physician's impairment and report his termination of privileges to the National Practitioner Data Bank. A routine procedure performed by the physician resulted in severe brain damage to a patient. No action was required.

- 6.2 American College of Phlebology - New specialty board

ISSUE

The Board reviewed the information provided by the American College of Phlebology relative to its specialty designation.

ACTION

The Board does not recognize specialty certification for licensure purposes. Staff will advise the organization of the Board's position.

7. Program Manager Reports
7.1 Budget Report - July 2006

Ms. Robertson reported that the Board's expenses have exceeded the allocations in the areas of investigations, staff attorney and AAG expenditures. There have been several extensive cases which resulted in the additional expenditures.

7.2 Washington Physicians Health Program - June 2006
Statistical Information

7.2.1 A comparison of two versions of the clinical institute withdrawal assessment for alcohol: the CIWA-Ar and CIWA-AD by Joseph P. Reoux, MD and Michael R. Oreskovich, MD

The statistical information and article were provided for information only.

8. Executive Director Reports

There were no significant issues for discussion at this time.

9. (*Open Session*) Settlement Presentations

There were no settlement presentations.

Closed Session

10. Investigative Authorizations

Two complaints were authorized for investigation.

The following reports were closed below threshold:

2006-07-00020A

2006-08-00020P

2006-08-00030P

11. Disciplinary Case Reviews - Reviewing Board Member Reports

<u>CASE NUMBER</u>	<u>CASE DISPOSITION</u>
2005-03-00100P	Notice of Correction
2005-08-00060P	Notice of Correction
2005-10-00080P	Closed below threshold

11.1 Statement of Allegations/Stipulation to Informal
Disposition presentations

There were no STID presentations.

12. Compliance Issues

No compliance issues were addressed.

13. Application Review

There were no applications for review.

The meeting adjourned at 12:05 pm.

Respectfully Submitted

Arlene A. Robertson
Program Manager

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